## PART B - FEE(S) TRANSMITTAL

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CHICAGO, IL 60606 (Depositor's same (Sig · Herry 1. 16 (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 10/596.435 06/13/2006 Marc Mouffron 28944/50041 6600

TITLE OF INVENTION: METHOD AND DEVICE FOR TRANSMITTING INFORMATION WITH VERIFICATION OF UNINTENTIONAL AND INTENTIONAL TRANSMISSION ERRORS

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/06/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
ALPHONSE, FRITZ		2112	714-758000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  CRR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Ten Address' indication for "Fee Address" Indication form PTO/SB/127 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 Matthi	1 Miller, 2 Matthias & 3 Hull	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

EADS Secure Networks Montigny Le Bretonneux, France

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted

Issue Fee	A check is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any
	overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Apolicant claims SMALL ENTITY status, Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The issue Fee and Publication Fee (if required will not be approved from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Fetent and Justimer's Office.

Date \_ July\_1,\_2010 160mm Authorized Signature \_\_\_ Typed or printed name \_ Thomas Registration No. 40.091

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